Quality Department Duties

To get started:

* Get access to CART
* Get access to Qhi
* Get access to qualitynet.org
* Get NHSN access
* Join Compass PTN website
* IHI open school quality classes
* Review CMS QAPI surveyor worksheets
* Find current QA status: (my computer, N drive, then QA)
* QA files on N drive
* KARQM membership --can help to get a mentor for quality (and risk) if desired

Daily:

* Yammer conversation
* Log into Cerner and review inpatient/obs. Patients admit date/time/status

Weekly:

* Review webinars weekly and plan to listen, keep track of programs listened to (keep list of webinars/classes attended for BCBS quality-based reimbursement program), and get to education for tracking
* Pick up surveys from survey boxes (Locations: front door, ER, SFP are only locations pick up)
* Call people that requested call back on survey
* Pull ED log and send in weekly surveillance for KHSC (send HIPPA disclosure to HIM if face sheet sent to KHSC)
* Review charts for current quality projects (sepsis, decreasing readmit rates, etc.)
* KDHE surveillance as requested (influenza)

Monthly:

* Cerner reports
* Submit hand hygiene data to Qualaris
* Infection Prevention data to NHSN
* Infection prevention and Quality data to QHI
* Ensure other departments and clinic adding their data to QHI
* Compass PTN has webinar monthly—also send PTN monthly quality reports
* Gather hospital satisfaction surveys and prepare report (in-house satisfaction reports)
* HCAHPS scoring: current vendor Arbor
* CART data monthly, run submission reports to ensure all information uploaded correctly (due quarterly)
* SHIP—some deadlines monthly, some quarterly, some annual—review schedule
* Add progress on my quality projects to activity spreadsheet (ensure issues/activity spreadsheets match for reporting)
* Monitor Quality calendars and QI projects (print for QI meeting)
* Quality meetings every month—middle of month (look for WINS to report)
* Submit Quality minutes to board monthly---quality projects, stat reports, other pertinent info (and thank you notes)
* Submit Infection Prevention and antibiotic reports to med staff and board
* Meetings: Marketing, Policy Review, Department Director
* Environment of Care Meeting—(infection prevention/safety combo) every other month-even months
* Leader rounding (Studer)- (add to the LEM, may try to create leader dashboards?)
* PFAC meeting—make sure to find education topic
* Add any volunteer service hours to the community service log (for community benefits report)
* Thank yous/acknowledgements
* Stormont Vail Epic Care attestation for monthly usage
* Promoting Interoperability review data in Cerner/Lighthouse
* Review of 90 day action plan/goals meeting with CEO

Quarterly:

* HIPPA oversight meeting quarterly (Mar, June, Sep., Dec.)
* HIPPA compliance check-ups—review departments quarterly per schedule
* SHIP quarterly webinars: March-June-Sept-Dec
* KARQM meetings (Spring and Fall meetings in conjunction with conferences)
* Antibiotic stewardship meeting

Bi-Annual:

* BCBS quality initiative (May and Nov)
* Infection Prevention education in Wichita—March and October
* Attest provider information is correct on Availity website (May and Nov)
* Documentation of SHIP money spent Mid-year and year end report)—end of year report completed May, mid-year-?Dec

Yearly:

* Quality Assurance Plan in reviewed/revised and signed yearly—Jan
* MIPS reporting/Attestation—due Feb
* Meaningful Use Attestation—due Feb
* Blue Distinction (if invited) –every other year
* Health Fair—Spring—any quality initiatives to market etc
* Summit on Quality meeting/KARQM meeting—in May (in Wichita)
* Annual Summary of Quality Improvement—in June
* Fall Quality meeting (?with KHA conference?)
* KOSCP fall conference (Oct)—Mary or Kay can go instead of me

Current projects:

* Patient and family engagement project/PFAC
* Patient Satisfaction/Employee Engagement/Studer
* Sepsis
* Cerner
* PTN/MIPS (Practice partners reporting)
* Meaningful Use
* KU Heart Stroke Collaborative
* Survey readiness

Some helpful Resources:

* [www.ihi.org](http://www.ihi.org)
* [www.qualityhealthindicators.org](http://www.qualityhealthindicators.org)
* [www.qualitynet.org](http://www.qualitynet.org)
* [www.ahrq.gov](http://www.ahrq.gov)
* [www.khconline.org](http://www.khconline.org)
* <https://healthpoint.dsu.edu/compass-ptn/>
* [www.kha-net.org](http://www.kha-net.org)
* www.krhop.net
* [www.qpp.cms.gov](http://www.qpp.cms.gov) (MIPS questions)
* [www.kdhe-ks.gov](http://www.kdhe-ks.gov) (for CoP-surveyor worksheets)
* Nadyne Hagmeier from KFMC and Susan Runyan KHERF/KHA are 2 wonderful resources for ??’s

Succession Planning by projects: \_\_\_\_\_\_\_\_\_\_\_\_\_: Meaningful use reports

Dana Deters: SHIP/CART, and hospital QHi Courtney Schmelzle: PFAC, pt satisfaction surveys

Courtney Strathman: KHSC, sepsis Amy Huerter: MIPS, clinic QHi

Quality meeting, board reports, & BCBS Kiley Linda Edelman: maintain survey readiness book/mock surveys

Karen Hynek: Infection Prevention